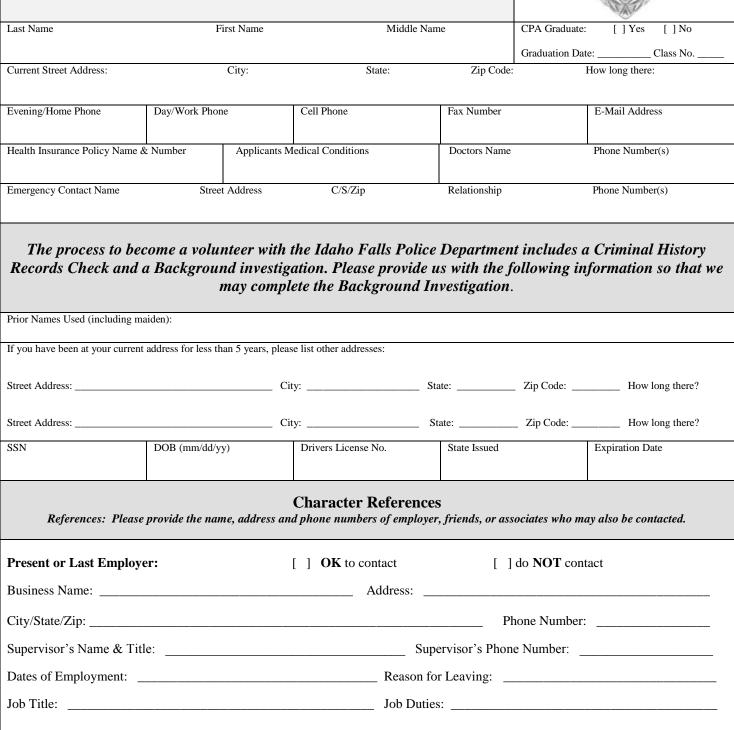
Idaho Falls Police Department

Volunteer Application

Please mail or hand-carry the completed application to:

Idaho Falls Police Department c/o Melissa Smith P.O. Box 50220 Idaho Falls, ID 83405-0220

Questions: Call Melissa Smith, 208.612.8655 E-Mail: msmith@ci.idaho-falls.id.us



	-	Evening Phone: Years known:
		Evening Phone: Years known:
		Evening Phone: Years known:
ARREST RECORD: Have you ever been arrested? Yes [] No [] If yes, list below Date, Location and Offence. Attach additional sheet if required. Date (m/d/y): Location: Offence: Date (m/d/y): Location: Offence: Date (m/d/y): Location: Offence:		
_	ship: [] Academy Graduate Member or: Name:	[] Associate Member [] Honorary Member Phone Number: IFCPA3 Date:
The facts set forth in this application and other such information submitted are true and complete. The Idaho Falls Police Department (IFPD) has my permission to conduct whatever background check necessary to determine my fitness to perform in the capacity of volunteer for the Department. I agree to waive any claims or right of action against the City of Idaho Falls and the IFPD for injuries that may arise from my volunteer duties. The IFPD reserves the right to remove any citizen volunteer from this program at any time, with or without cause. Date: Signature:		
POLICE USE ONLY Interviewed By Date of Interview		
Comments:		

Revised: January 2006